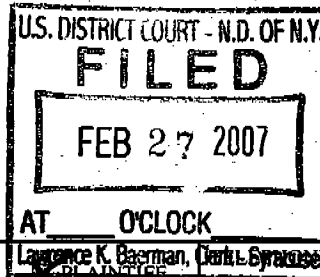


U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF MATTHEW JOHN MATABRANO		COURT CASE NUMBER 05 CV 1459	
DEFENDANT REGINA MILES, MD et al;		TYPE OF PROCESS SUMMONS AND COMPLAINT	
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ann Andzel c/o Wende Correctional Facility		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 3040 Wende Road Po. Box 1187 Alden NY 14004		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
MATTHEW JOHN MATABRANO C# 183762 D# 04-A-5883 CENTRAL NEW YORK PSYCHIATRIC CENTER PO Box 300 MARCY, N.Y. 13403-0300		Number of process to be served with this Form - 285	1
		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold



Fold

Signature of Attorney or other Originator requesting service on behalf of:

Matthew John Matabrano

Signature of U.S. Marshal or Deputy:

Lawrence K. Baerman, Clerk of Court

NUMBER

DATE

11/23/05☐ DEFENDANT**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time
1/31/07	pm

Signature of U.S. Marshal or Deputy

B. Whipple

Service Fee 5	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

service via regular mail 12/29/06
USM 299 received **2/5/07**

U.S. Department of Justice
 United States Marshals Service
 Northern District of New York
 PO Box 7260
 Syracuse, NY 13261



**STATEMENT OF SERVICE BY MAIL AND ACKNOWLEDGMENT
 OF RECEIPT BY MAIL OF SUMMONS AND COMPLAINT**

A. STATEMENT OF SERVICE BY MAIL

United States District Court
 for the
 Northern District of New York

TO: Ann Andzel
 Wende Correctional Facility
 PO Box 1187
 Alden, NY 14404

Civil File Number 05-CV-1459

Matthew John Matagrano

Regina Miles, et al

The enclosed summons and complaint are served pursuant to Fed. R. Civ. P. 4(e)(1) and section 312-a of the New York Civil Practice Law and Rules.

To avoid being charged with the expense of service upon you, you must sign, date and complete the acknowledgment part of this form and mail or deliver one copy of the completed form to the sender within thirty (30) days from the date you receive it. You should keep a copy for your records or for your attorney. If you wish to consult an attorney, you should do so as soon as possible.

If you do not complete and return the form to the sender within thirty (30) days, you (or the party on whose behalf you are being served) will be required to pay expenses incurred in serving the summons and complaint in any other manner permitted by law, and the cost of such service as permitted by law will be entered as a judgment against you.

The return of this statement and acknowledgment does not relieve you of the necessity to answer the complaint. The time to answer expires thirty(30) days after the day you mail or deliver this form to the sender.

If you are served on behalf of a corporation, unincorporated association, partnership or other entity, you must indicate under your signature your relationship to the entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint by Mail was mailed on December 29, 2006.

B. Wang
 Signature (USMS Official)

B. ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I received the summons and complaint in the above-referenced matter.

CHECK ONE OF THE FOLLOWING; (IF 2 IS CHECKED, COMPLETE AS INDICATED)

1. ☒ I **am not** in military service of the United States.
2. ☐ I **am** in military service of the United States, and my rank, serial number and branch of service are as follows:
 Rank: _____
 Serial Number: _____
 Branch of Service: _____

TO BE COMPLETED REGARDLESS OF MILITARY STATUS:

I affirm the above as true under penalty of perjury.

Ann Andzel
 Signature

Ann Andzel
 Print Name

January 31, 2007
 Date of Signature

Self
 Name of Defendant for which acting

Relationship to defendant/Authority to Receive

It is a crime to forge a signature or to make a false entry on this statement or on the acknowledgment.

RECEIVED
 USMS - NDNY
 2007 FEB - 5 P 2 5